

FILED NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35623

State File No.

BIRTH NO.		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>9040</u>		Registrar's No. <u>149</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).			
a. COUNTY <u>Livingston</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>			
c. LENGTH OF STAY (In this place) <u>16 yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>1573 Calhoun St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1573 Calhoun St.</u>							
3. NAME OF DECEASED		a. (First)		b. (Middle)		c. (Last)	
(Type or Print)		<u>Minerva</u>		<u>Angeline</u>		<u>VanDusen</u>	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
<u>Female</u>		<u>White</u>		<u>Widowed</u>		<u>Nov. 2, 1864</u>	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>87</u>		<u>At home</u>		<u>Housewife</u>		<u>Ohio</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
<u>Peter Miller</u>		<u>Hester A. Bascum</u>		<u>John E. VanDusen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
<u>No</u>		<u>XX</u>		<u>Mrs. L. A. Fanning, Chillicothe, Mo.</u>		<u>Chillicothe, Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombi - recurrent</u>				<u>1 month</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>known</u>	
		DUE TO (b) <u>Arterio sclerosis</u>				<u>5 years</u>	
		DUE TO (c) <u>Arterio sclerosis, heart, & sacrum</u>				<u>1 wk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>332X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1947</u> to <u>Oct. 27, 1952</u> , that I last saw the deceased alive on <u>26 Oct.</u> , 1952, and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles M. Grace, M.D.</u> (Degree or title)				23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>28 Oct 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Oct. 29, 1952</u>		<u>Schobee Cemetery</u>		<u>Pollock, Mo.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Oct 29/52</u>		<u>Francis B. Neill</u>		<u>Laurel Gordon Chillicothe Mo</u>		<u>Chillicothe Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 7 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ronald Jordan

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.